

REQUEST FOR EARLY RETIREMENT DUE TO ILL-HEALTH/DISABILITY

Tick where applicable (✓)

Please use black pen and block letters

Membership number - -

I (full name of claimant) _____ hereby declare that I am the person assured under the scheme mentioned below. All the particulars given by this report are in every respect factual, true and correct and that no material information has been withheld nor has any relevant information regarding the circumstances been omitted. I hereby irrevocably authorize and request any doctor, other person or institution who may be in possession of, or later acquire, any information concerning my health, to disclose it to Botswana Life Insurance Limited. I also authorize Botswana Life Insurance Limited to release information concerning my health to all interested parties.

Please note: The request for completion of this form in no way constitutes an admission of liability by Botswana Life Insurance Limited

1. CLAIMANT'S PERSONAL DETAILS

Claimant's
Name

Date of birth

D	D	M	M	Y	Y	Y	Y
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Omang / ID number

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NB: Please enclose a copy of your identity document

Physical address

Postal address

Work telephone
number

Code														
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E-mail address

Fax number

Code														
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Cell phone number

Code														
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Home telephone
number

Code														
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2. DETAILS OF OCCUPATION

2.1 Are you employed YES or NO tick boxes

Yes	No
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2.2 Name of current or most recent employer

2.3 Date when you started working for your current employer

D	D	M	M	Y	Y	Y	Y
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2.2 Date when you started your current job

D	D	M	M	Y	Y	Y	Y
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2.3 Date when you were last actively able to do this job

D	D	M	M	Y	Y	Y	Y
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2.4 Position held

2.5 Please list your main duties

2.6 Apart from the above job, please supply a brief history including previous positions held.

Dates		Company	Position held	Type of work done (e.g. welding)
From	To			

2.7 Monthly income before disablement _____

2.8 Have you been able to perform any part of your main duties or another job since you first became disabled? Yes No

If "yes", please give full details, including dates, job description and remuneration _____

2.9 What is the highest level of schooling that you have achieved?	Standard/Grade	Year

2.10 Please supply details of formal training and any courses which you have attended

Dates		Name of employer, college or institution	Position held/Qualifications obtained	Brief description of course content
From	To			

2.11 When do you expect to be able to resume work?
 Part-time

D	D	M	M	Y	Y	Y	Y
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 Full-time

D	D	M	M	Y	Y	Y	Y
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2.12 Have you resided or traveled abroad for more than 26 weeks in total over the last 12 consecutive months? Yes No

2.13 If yes, please give full details: _____

3. DETAILS REGARDING IMPAIRMENT

If this claim arises from an accident, please provide a copy of a police report together with a witness report.

Please give the following details

3.1 What is your height? _____ weight? _____

3.2 List of complaints _____

3.3 When were these symptoms first noted _____

3.4 How has this impairment limited you in performing any particular part of your main duties?

3.5 Please print the name, address and telephone number of your family doctor or the doctor who is currently attending to you.

3.6 Please supply details of all doctors, specialists, and hospitals attended during the last 5 years (quote hospital number, where applicable)

Dates		Hospital or doctor	Address and telephone number	Patient no.
From	To			

4. PARTICULARS REGARDING INCOME

If you are in receipt of, or expect to receive any lump sum or periodic payment or any other benefit as a result of your impairment from any employer, insurance company, pension fund, state fund, compensation for occupational injuries or diseases etc, or any other source whatsoever, please give full details.

Source of benefit (State name of company and your reference no.)	Type of benefit (e.g. insurance, lump sum)	Amount

5. ADDITIONAL INFORMATION

5.1

Has any divorce order been made against your interest in the Fund which has not been paid to the non-member spouse?
If YES, please provide the details and attach a certified copy of Divorce Order and Settlement Agreement

Yes

No

5.2

Please provide any additional information which trustees should be aware of in order to consider your application for early retirement.

6. BANKING DETAILS

ACCOUNT HOLDERS DETAILS

Account holder's name

Bank name

Account number

Account type

Branch name

Branch code

7. CLIENT AND WITNESS DECLARATION

Claimant Signature

Date

D

D

M

M

Y

Y

Y

Y

Witness Full Names

Witness Signature

Date

D

D

M

M

Y

Y

Y

Y

WITNESS CONTACT DETAILS

Physical address

Postal address

Work telephone number

Code

E-mail address

Fax number

Code

Cell phone number

Code

Home telephone number

Code

8. FOR OFFICIAL USE

Received by

Signature

Date

D

D

M

M

Y

Y

Y

Y

STAMP